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FACSIMILE TRANSMISSION COVER SHEET

Date: October 21, 2005

To: United States Patent and Trademark Office
Examiner: Blount, Steven; Art Unit: 2661

Fax: (571) 273-8300

Re: **Application Serial No.: 09/990,059**
Filing Date: 11/20/2001; First-Named Inventor: Brent
Attorney Docket No.: 01CON263P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated September 20, 2005.

Thank you.

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Attorney Docket No.: 01CON263P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Brent, et al.

SERIAL NO.: 09/990,059 FILED: 11/20/2001

FOR: Communication Model for Linecard Modems

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	31	MINUS **24	* = 7	x 50	x 25	\$ 350
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 350.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

98RSS135

Attorney Docket No.: 01CON263P

- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-1867 in the amount of \$350.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

10/21/05

By:

Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

10/21/05

Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Christina Carter

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98RSS135

Attorney Docket No.: 01CON263P
Application Serial No.: 09/990,059

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Brent, et al.**

Serial No.: **09/990,059**

Filed: **November 20, 2001**

For: **COMMUNICATION MODEL FOR
LINECARD MODEMS**

Art Unit: 2661

Examiner: Blount, Steven

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OCT 21 2005

AMENDMENT AND RESPONSE TO *NON-FINAL* OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Non-Final* Office Action, dated September 20, 2005, in the above-referenced patent application. Please enter and consider the following amendments and remarks.

10/24/2005 MGE BREM1 00000076 501867 09990059

01 FC:1202 350.00 DA